

<Medical Facility Letterhead>

<Date>

To Whom It May Concern:

_____ has been diagnosed with _____, which is a primary immunodeficiency disease (PI). Primary immunodeficiency diseases are a group of more than 185 different rare disorders. While not contagious, these diseases are caused by hereditary or genetic defects, in which part of the body's immune system is missing or functions improperly.

PI is a chronic illness, and even with regular medical care and treatment this student's educational performance might be impacted by an increased risk of illness. Therefore, the following accommodations are recommended. (For possible accommodations, see the IDF School Guide (available for download at www.primaryimmune.org/idf-publications) on pages 14 – 15.)

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Thank you for your assistance and cooperation regarding this student. Please contact me if you have any questions.

Sincerely,

<Signature of Medical Professional>

<Name of Medical Professional>

<Title of Medical Professional>

<Address>

<Phone Number>